



**STATE PLUMBING BOARD OF LOUISIANA**  
**Water Supply Protection Specialist Endorsement Renewal**

License Year <b>2012</b>
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**ALL INCOMPLETE FORMS WILL BE RETURNED**

**W.S.P.S. Endorsement:** A Water Supply Protection Specialist (W.S.P.S.) Endorsement is required for all plumbers and Landscape Irrigation Contractors who install, repair, or maintain Backflow Prevention Assemblies. Your endorsement will expire on December 31 of each year.

**Medical Gas Piping Installer License:** Louisiana Medical Gas Piping Installer Law (LA. R.S. 37:1361 et seq.) requires that persons engaged in the work or business of medical gas piping installation must possess a current Medical Gas Piping Installer License issued by the State Plumbing Board of Louisiana.

The Louisiana State Plumbing Law (LA. R.S. 37:1361 et seq.) requires that all persons actively engaged in the work of a Journeyman Plumber must possess a current Journeyman Plumber license issued by the State Plumbing Board of Louisiana. The State Plumbing Law further requires that persons engaged in the business of Plumbing possess a current Master Plumber license issued by this Board.

For additional information contact the State Plumbing Board of Louisiana, 12497 Airline Highway, Baton Rouge, Louisiana 70817. The phone number is (225) 756-3434 and the fax number is (225) 756-3433.

REVIEW EACH SECTION CAREFULLY MAKING ANY NECESSARY CHANGES. SIGN AND RETURN WITH ALL APPROPRIATE FEES IN THE FORM OF A CHECK OR MONEY ORDER TO:

STATE PLUMBING BOARD OF LOUISIANA  
**12497 AIRLINE HIGHWAY**  
**BATON ROUGE, LA. 70817 (225) 756-3434**

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS			MAILING ADDRESS / P.O. BOX	
CITY	STATE	ZIP	PARISH	
PHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NO.		LJP LICENSE NO
E-MAIL ADDRESS				
HAVE YOU EVER BEEN CONVICTED OF A FELONY ASSOCIATED WITH THE ART OF PLUMBING? <b>YES / NO (CIRCLE ONE)</b> IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE EXPLAIN IN THE SPACE PROVIDED:  <hr/>				
DID YOU COMPLETE THE REQUIRED CONTINUING EDUCATION HOURS FOR 2012? <b>YES / NO (CIRCLE ONE)</b> IF YES PLEASE STATE WHEN AND WHERE:				

**EMPLOYING ENTITY**

NAME OF COMPANY OR ORGANIZATION			
EMPLOYER ADDRESS			
EMPLOYER CITY	STATE	ZIP	EMPLOYER PHONE

I certify that all information contained herein is true and accurate

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SCHEDULE OF FEES**

WSPS Endorsement Fees	<b>\$ 10.00</b>
Delinquent Fees : (due only if paid after December 31) \$10.00 if paid by March 31 OR \$20.00 if paid after March 31	\$
<b>Processing Charge: charged on all applications and licenses</b>	<b>\$ 10.00</b>
<b>TOTAL:</b> Add the amounts in the column to the right.	<b>\$</b>